

TRANSMITTAL FORM

Attorney Docket No.  
**RPS9-2000-0054**  
**1793P**

2131

In re: application **CROMER et al.**

Confirmation No: **8922**

**RECEIVED**

Serial No: **09/746,829**

Group Art Unit: **2131**

**SEP 30 2004**

Filed: **December 22, 2000**

Examiner: **Vaughan, Michael R.**

**Technology Center 2100**

For: **Method and System for Enabling An Image to be Authenticated**

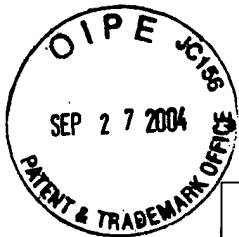
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	30	36	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 22, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 22, 2004	
Type or printed name	Irena Nikolova sdh
Signature	



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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on September 22, 2004.

Irena Nikolova

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Date: September 22, 2004

Daryl Carvis CROMER et al.

Confirmation No. 8922

Serial No. 09/746,829

Group Art Unit: 2131

Filed: December 22, 2000

Examiner: Vaughn, Michael R.

For: METHOD AND SYSTEM FOR ENABLING AN IMAGE TO BE  
AUTHENTICATED

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

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**SEP 30 2004**

**Technology Center 2100**

**AMENDMENT**

Sir:

In response to the Office Action dated June 22, 2004, Applicant submits the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begin on page 2 of this paper.

**Remarks** begin on page 9 of this paper.